

Gynecology, Pediatrics, Psychiatry/Clinical Neuroscience, and Surgery) are graded using H/S/NC options (Honors/Satisfactory/No Credit). In Year 4, sub-internships and elective rotations are graded using H/S/NC options (Honors/Satisfactory/No Credit). The clerkship directors and grading for Year 3 clinical clerkships are as follows:

- **BIOL5800:** Family Medicine: D. Anthony, A. Arena
- **BIOL3001:** Internal Medicine: M. Fagan, A. Charles, B. Gentileco, S. Saraf
- **BIOL4900:** Obstetrics & Gynecology: R. Vrees, M. Esposito
- **BIOL4500:** Pediatrics: R. Rockney, B. Alverson
- **BIOL5315/BIOL5325:** Psychiatry/Clinical Neuroscience: separate grades will be given for the Psychiatry (BIOL5315) and Neurology (BIOL5325) components: C. Harrington, E. Lowenhaupt, L. Wendell
- **BIOL3900:** Surgery: B. Ryder, M. Connolly

Specifics regarding the mechanisms for assigning grades will be made available at the start of each clerkship. Common assessment methods used during clerkships include students' clinical performance with direct observation of patient interactions by clinicians, OSCEs, presentations, and National Board of Medical Examiners (NBME) Shelf exams. All clerkships award Honors at a target level of 28% (<30%) of students across the academic year. This level may vary considerably during an individual clerkship, but is consistent across clerkships during an academic year for a class of medical students.

If a student's performance is unsatisfactory in any component of a clerkship, the student will be required to remediate the deficiency before receiving a final grade. If a student's performance is unsatisfactory in more than one component of a clerkship, the student may be required to repeat the clerkship. Students who receive a grade of NC or ED in a clerkship will be brought to the attention of the MCASP.

Longitudinal Integrated Clerkship: Primary Care-Population Medicine students will be enrolled in a Longitudinal Integrated Clerkship (LIC) during Year 3. The clerkship directors, in consultation with the Director of the LIC, are responsible for assigning grades to students in the LIC. The aforementioned grading policies for the traditional clerkship apply to the LIC, with the exception that all final grades in the LIC are assigned at the end of Year 3.

PC-PM students only: MED-GRAD 2050 and 2060 Population and Clinical Medicine 1 and 2 (1 credit each), A. Riese and J. White. Students in the PC-PM program will take PCM 1 and 2 during the first and second semester of Year 3, respectively. Grading for this course will include assignments, participation in class discussion, and a variety of projects and papers. The grading for this course will be S/NC.

The Fourth-Year Objective Structured Clinical Examination: After completing all of their core clinical clerkships, every medical student must take a summative Objective Structure Clinical

Examination (OSCE) at the start of Year 4. At AMS, the Year 4 OSCE assesses student competency in clinical skills using trained standardized patients. After completing this S/NC exam that is modeled after and prepares students for the USMLE Step 2 Clinical Skills (CS) exam, students receive detailed written feedback on their performance. If a student does not pass this exam, the student will receive additional instruction and practice time with standardized patients, typically under the supervision of the Director of the Clinical Skills

Suite. Students are allowed to remediate this exam one time. If students do not pass on this remediation attempt, they will be required to schedule further practice sessions and complete another remediation. However, their MSPE (Medical Student Performance Evaluation) will indicate they passed the required Fourth-Year OSCE on their third attempt.

Grading for Fourth-Year Electives

Sub-internships: During Year 4, students must complete at least one sub-internship. The grade is determined by direct observation of the student's clinical performance by the supervising residents and attending physicians. At the sub-internship director's discretion, other items may factor into a final grade such as a writing assignment or presentation on a medical topic. Grading options for the sub-internship are H/S/NC (Honors/Satisfactory/No Credit).

Electives: The grade is determined by the direct observation of the student by the supervising attending physician and/or resident/fellow. Grading options for most electives are H/S/NC (Honors/Satisfactory/No Credit). At the elective director's discretion, other items may factor into a final grade such as a writing assignment or presentation on a medical topic. Students who require remediation in a single elective may be allowed to progress to a subsequent elective rotation. Students who receive a grade of NC or ED in one or more electives will be brought to the attention of the MCASP and will be required to remediate the deficiency before receiving a final grade.

Section IV: Attendance Policy

Excused Absences and Approved Exam Extensions

Do not make travel or conference plans until you have determined whether or not an absence will be excused. An excused absence or exam extension may be granted for the following reasons:

- **Illness:** An excused absence may be granted if you are ill. For your own sake and the sake of others, you should not attend classes, see patients, or take exams if you are sick. An excused

absence due to illness requires a note from Health Services or your physician.

- **Presentation at a meeting/conference:** An excused absence may be granted for students presenting at a conference. Conference attendance, without presentation responsibilities, does not meet the requirements for an excused absence.
- **Leadership activity:** An excused absence may be granted if you are representing Brown in a leadership capacity at a conference or meeting (for example, as the president of our SNMA chapter, or as an elected representative from Brown on an AMSA committee). Conference attendance, without leadership responsibilities, does not meet the requirements for an excused absence.
- **Major life event:** An excused absence may be granted in light of a major life event such as a death in your immediate family, the wedding of an immediate family member, or other major event. The granting of an excused absence in these instances will be considered on a case by case basis.
- **Religious observances and holidays:** An excused absence may be granted on a case by case basis, but students may be required to make up the time excused.

How to Obtain an Excused Absence

In Years 1 & 2, all excused absences for IMS course activities must be approved by the Director of Year 1 Curriculum or the Director of Year 2 Curriculum. All excused absences for Doctoring course activities must be approved by the Assistant Director of the Doctoring Program.

In order to obtain an excused absence, please submit a "request for an excused absence" on the Canvas website. Both to maximize your own learning and to help with planning, please request approval as far in advance as possible, two weeks at a minimum. If granted an excused absence, students must then notify their small group leader(s) and will be required to complete required make-up work. This work will be assigned by the Director of Year 1 Curriculum, the Director of Year 2 Curriculum, or the Assistant Director of the Doctoring Program. In the case of illness, an absence will be approved retroactively with appropriate documentation. Please make sure to provide the required note from Health Services or your healthcare provider to the Administrative Coordinator in the Office of Medical Education, or to the Assistant Director for the Doctoring Program, within two days of your return.

In order to reschedule a Doctoring mentor session, please start by working directly with your mentor. Note that there is a scheduled make-up mentor session at the end of each semester. If you are not able to reschedule a mentor session either with your regular mentor or one of the mentor's clinical colleagues, then please contact the Assistant Director of the Doctoring Program to arrange for a substitute mentor. Any physicians acting as substitute mentors who are not currently involved in the Doctoring Program must be pre-approved by the Assistant Director.

For required **clerkships**, students should email excused absence requests to the clerkship coordinator and clerkship director, with as much advanced notice as possible. Clerkships will work with the student

to determine whether the absence is approved and, if so, what makeup work might be required. Information about absence requests will be entered by the clerkship coordinators into the absence link on the class canvas page for review by the Director of Years 3 and 4 Curriculum.

For **clinical electives**, students should email excused absence requests to the elective coordinator and elective director, with as much advanced notice as possible. It will be up to the elective director to determine if the absence request can be accommodated and whether appropriate make-up work is required. Information about absence requests will be entered by the coordinators into the absence link on the class canvas page for review by the Director of Years 3 and 4 Curriculum. See the below section for more information on clinical electives.

A pattern of repeated absences may be brought to the attention of the Assistant Dean for Student Affairs and/or the Associate Dean for Medical Education.

How to Obtain an Approved Exam Extension

In Years 1 & 2, all extension requests for IMS exams must be approved by the Director of Year 1 Curriculum or the Director of Year 2 Curriculum. Extension requests for Doctoring OSCEs must be approved by the Assistant Director of the Doctoring Program. Due to the logistical complexity of holding make-up OSCEs, unless it is an emergency or illness, students should make every effort to plan around them, when possible.

Clinical Clerkship exam extensions during Year 3 must be approved by the Director of Years 3 and 4 Curriculum who will work in collaboration with the student and the clerkship team to reschedule any exams.

In order to obtain an exam extension, the student should contact the appropriate person via email and request approval as far in advance as possible, two weeks at a minimum. Repeated exam extension requests may result in a discussion about whether the student is able to continue with the curriculum or if there is a need for time off.

Requirements

Integrated Medical Sciences (IMS) I-IV

- **Lectures:** Attendance at medical school lectures is strongly encouraged, but not required.
- Health Systems Science Small Group sessions, Team-and Case-Based Learning, and Laboratory Sessions are required activities. Timely attendance and active participation are mandatory. All absences must be excused and more than one excused absence per course is strongly discouraged. Students need to request an excused absence on the Canvas website and receive permission from the Director of the Year 1 Curriculum or the Director of the Year 2 Curriculum to miss a small group, team and case-based learning, or laboratory session. If granted an excused absence, students must then notify their small group leader(s) and perform the make-up work for that

session. If a student misses two or more small group, team and case-based learning, or laboratory sessions (even if excused) within a course, the student may receive a grade of NC in the course and may be required to remediate the deficiency by special accommodation or by retaking the course. A pattern of unexcused absences across courses may result in a professionalism report (see Section V of the AMS Student Handbook for more information about professionalism) and may be brought to the attention of the Assistant Dean for Student Affairs and/or the Associate Dean for Medical Education.

- **“Golden Ticket” for IMS I-IV:** Once during each of the first two years of medical school, students are permitted to request a single exemption to the AMS policy on excused absences. Known as the “Golden Ticket” policy, students may have a single unexcused absence in each of Year 1 and 2 *without incurring the usual penalty* for an unexcused absence (A “Golden Ticket” excused absence does not contribute towards a potential NC in a course or towards a professionalism citation - see above paragraph). “Golden Tickets” are applicable to IMS courses only (not Doctoring courses), and the policy does not apply to exams or exam extension requests. For example, you cannot use your Golden Ticket in order to miss a scheduled exam, or as a means to request an exam extension. Students who wish to utilize their Golden Ticket exemption must follow the procedures outlined above in How to Obtain an Excused Absence.

Doctoring I-IV

For all components of the Doctoring courses, timely attendance and active participation are mandatory.

- **Lectures, Small Group Sessions, and Objective Structured Clinical Examinations (OSCEs):** All absences must be excused (initiate this process by completing a "request for excused absence form" on the Canvas website) and more than one absence per course is strongly discouraged. If granted an excused absence by the Assistant Director of the Doctoring Program students must also notify their small group leader(s).

All missed work (excused or unexcused) must be completed (see below). A pattern of unexcused absences may result in a professionalism citation and will be brought to the attention of the Associate Dean for Medical Education.

- **Mentor Sessions:** Attendance, participation, and documentation are mandatory. Any missed session must be made up before the end of the semester. Students cannot complete more than two mentor sessions on any given day (maximum of an eight-hour shift), and only one such "double-shift" is permitted. Please note that there is a make-up mentor session scheduled at the end of each semester to provide more flexibility for those students with an absence during the semester, for whatever reason. Documentation is both a method of tracking attendance and clinical experiences and an important professional skill for health care providers. **Students with incomplete documentation of their mentor sessions will not receive a satisfactory grade for the course.**

Clerkship Rotations

Each Year 3 Clinical Clerkship has clearly defined standards for lecture attendance and daily participation in clinical activities. These standards are specific to the clerkship. Of note, Clerkship Directors have agreed that all students will be expected to work at their usual clinical assignments on the final Thursday of each rotation, which is the day before the final exam. Although some students might not have scheduled obligations that afternoon, no Year 3 student will be dismissed early from scheduled obligations to study. Unexcused absences can result in a grade of ED or NC. See Section III of the AMS Student Handbook.

Primary Care-Population Medicine Program

Primary Care - Population Medicine program courses are required activities. Timely attendance and active participation are mandatory. To be absent, students must request an absence from the Director of the Years 3 and 4 Curriculum (by filling out the absence form located on the Canvas page for a student's class year). Students must work with the course leader to determine the need for make-up work. Unexcused absences may result in a grade of No Credit for the course.

Elective Rotations

Although electives vary in duration, no more than 20% of the elective can be excused (for example, the equivalent of 4 days over a typical 4-week elective). If additional time off is requested, the elective director should work with the student to develop a revised educational plan for the elective.

At the discretion of the elective director, any missed days can be made up on a schedule as determined by the elective director or, if that is not possible, the student may receive reduced credit for the elective. If a student does not complete the plan for missed days by the time grades are due, the student will receive a grade of Incomplete (I). This can be changed after the student completes the makeup work designated by the course leader. If the student does not complete the plan for missed days within one year or by April 1st of the graduating year for fourth year students, the student will receive No Credit (NC) for that elective.

If the elective does not allow time off for residency interviews, this should be stated in the course description. A student should discuss future excusable absences with the course leader as soon as the student is aware of their need for excused time. The student should contact the Office of Medical Education and/or Student Affairs for guidance in planning their schedule to minimize the chance of these issues arising during an elective.

Make Up Work

IMS: Students missing a required IMS small group, Team-Based and Case-Based Learning, or

laboratory session must complete a written make-up assignment, the content of which will be determined by the Director of the Year 1 Curriculum or the Director of the Year 2 Curriculum in conjunction with their small group faculty leader. Make-up assignments must be completed before a student can successfully pass an IMS course.

Doctoring: Students missing a required Doctoring session are responsible for any material covered in their absence and must work collaboratively with the Assistant Director of the Doctoring Program, and their two small group faculty leaders or community mentor, to make up the missed work in a timely fashion. Make-up assignments must be completed before a student can successfully pass a Doctoring course.

Clinical Rotations: Excused absences may require commensurate make-up activities, the details of which will be explicitly determined by the Clerkship Director, in the case of a clinical clerkship, or by the course leader in the case of a clinical elective.

Weekend and Holiday Schedules for Clerkships and Other Clinical Rotations

The University and its clinical sites do not adhere to the same holiday schedules. This may complicate weekend and holiday scheduling for clinical rotations. The policy agreed to by the medical school and our hospital partners regarding weekend and holiday scheduling is as follows:

- Depending on the clinical service to which you are assigned, please be aware that you will be working on some weekends and holidays.
- It may not be possible for you to predict your weekend and holiday work schedule far in advance. Students' clinical assignments and/or call schedules are generally not finalized until a rotation is about to begin. If you have any scheduling questions about your upcoming clerkship or clinical rotation, please contact the appropriate Clerkship Coordinator or Course Administrator via e-mail as early as possible. Occasionally (but without guarantee), clinical assignments can be adjusted in advance to accommodate important scheduled events (such as an upcoming wedding). It may not be possible to accommodate requests after clinical assignments have been made.
- For all Monday holidays, you should make plans as though you will have to work. If you are on a rotation at an institution that observes a Monday holiday, and you are not scheduled to work, then you will be off. If the institution does not observe the Monday holiday, then you will be expected to work.
- You will be expected to work on July 4 if you are working on a service that has a call rotation and your team/service is working.
- Year 3 students are expected to work a full day on the Wednesday before Thanksgiving. All AMS third-year students are off for four days at Thanksgiving including the holiday itself and the following Fri/Sat/Sun, regardless of which clinical clerkship they are on. All students are expected to return for a normal workday on the Monday following Thanksgiving.
- Students in Years 3 and 4 have one week of vacation around the Winter break. The exact

schedule varies from year to year and is posted on the clerkship calendar. Depending on the schedule, students may work on New Year's Eve and/or New Year's Day.

Section V: Policies and Protocols on Academic Standing and Promotion

The Medical Committee on Academic Standing and Professionalism (MCASP) is comprised of ten to twelve AMS faculty members. Staff members from Administration and the Offices of Student Affairs and Diversity and Multicultural Affairs attend committee meetings, but are not voting members of the committee. The MCASP is charged with the responsibility of reviewing the academic performance and professional behavior of all students in the medical school. On the basis of this review, the MCASP determines whether students are to be promoted, promoted with conditions, not promoted, placed on academic warning or probation, dismissed, returned to good standing and graduated.

Students who are experiencing academic difficulty or issues with professionalism are reviewed by the MCASP when that difficulty has been identified. If a student is presented to the MCASP for review and an MCASP member has a conflict of interest with regard to the status of the student (e.g., primary responsibility for grading the course for which the student had academic difficulty or a professionalism issue), the faculty member will recuse him/herself from the discussion and voting. Students are notified of decisions made by the MCASP in writing.

Mechanisms for appeal of MCASP decisions are described below.

The MCASP makes decisions based upon each student's individual situation. In general, the committee will adhere to the following guidelines for decisions related to academic standing.

Academic Standing

- Students who receive passing grades (Satisfactory or Honors) are automatically in good academic standing.
- Students who have received a grade of No Credit (NC) or Existing Deficiency (ED) in one course, clerkship or clinical rotation, but who have received satisfactory grades in the remaining courses,

clerkships or clinical rotations will be brought to the attention of the MCASP for informational purposes only.

- Remediation may be accomplished through a special examination, repetition of the course, approved outside courses, or by special arrangements with the curriculum directors (for more information, see Section III of the AMS Student Handbook). The student will work with the course, clerkship or clinical elective director to determine the appropriate remediation and its timing. Remediation must be completed within 1 year of the grade submission; however, if a student is on leave following the failure, that time is not counted as part of the year. Students will only be allowed to take a special remediation examination once. Exceptions will be considered by the Associate Dean for Medical Education on a case by case basis.
- If a student fails a special remediation examination, the student will be required to repeat the course, clerkship or clinical rotation the following year, and this second failure will be brought to the attention of the MCASP. At that time, the student may be placed on academic warning. If a student fails a course, clerkship or clinical rotation having repeated the course, clerkship or clinical rotation for a second time, the student will be brought to the attention of MCASP to be considered for dismissal.
- Students will be contacted by a staff person from the Office of Student Affairs any time they are being considered by MCASP for a change in academic standing (see below). Advisors are available to help students prepare for this process, to discuss resources if they are struggling academically (e.g., tutors, learning specialist) or emotionally (e.g., CAPS referral), and to be prepared for the timeline and steps of the process.
- Students who have received a grade of NC or ED in two courses, clerkships and/or clinical rotations will be brought to the attention of the MCASP to be considered for placement on academic warning.
- Students who have received grades of NC or ED in three courses, clerkships and/or clinical rotations, or have received a grade of ND or ED in one or more courses, clerkships and/or clinical rotations while on academic warning, will be brought to the attention of the MCASP to be considered for placement on academic probation.
- Students who receive grades of NC or ED while on academic probation will be brought to the attention of the MCASP to be considered for dismissal.
- Students in good academic standing who receive three grades of NC or ED may be placed directly on academic probation by the MCASP.
- In Year 1 and Year 2, students who have received grades of NC or ED in all courses during a period comprising one semester will be brought to the attention of the MCASP to be considered for dismissal.
- Students being considered for dismissal will be given an opportunity to appear before the MCASP in order to present information as to why they should not be dismissed and to respond to questioning.

The MCASP may also invite other individuals to appear for the purpose of providing information to the Committee. Students may be accompanied by a Brown University faculty member, staff advisor, or other advocate, but may not be accompanied by an attorney. Students will be contacted at the conclusion of the MCASP meeting with the committee's decision by a member of the Office of Student Affairs, and then informed in writing of the Committee's decision in a letter from the Associate Dean for Medical Education. If dismissed, students will be informed in the letter that they have the right to appeal the decision to the Dean of Medicine and Biological Sciences.

- If a student has appeared before the MCASP for consideration of dismissal, but has not been dismissed, and the student subsequently fails additional courses, clerkships or rotations, the student may be dismissed without being asked to again appear before the MCASP.
- Students may not proceed to Year 3 until they have successfully completed all Year 1 and 2 requirements.
- Grades of NC or ED that are remediated and converted to Satisfactory will still count towards consideration by the MCASP for subsequent placement on academic warning or probation, or towards consideration for dismissal should the student receive additional NC or ED grades.

General

- Students who are on academic warning or probation will be considered by the MCASP for return to good academic standing following one full semester (Years 1 and 2) or two full quarters (Years 3 and 4) during which the student is fully engaged in and registered for courses, clerkships or rotations, and passes all courses or rotations during that time period. A return to good academic standing is not automatic. Depending on a variety of factors, including the level of academic performance, the MCASP may vote to continue the student on warning or probation for the period of time deemed appropriate by the Committee.
- A student who has not remediated a failure (NC) or existing deficiency (ED) in a required course, clerkship or rotation within two years of the original grade submission will be brought to the attention of the MCASP to be considered for dismissal.
- If, at the time of review, a senior medical student is scheduled to complete all requirements in the medical school by graduation, but has not yet actually done so, the MCASP may recommend that the student be graduated contingent upon the satisfactory completion of the remaining requirements.

Professionalism

In general, the committee will adhere to the following guidelines for decisions related to issues of professionalism:

Issues of professionalism can be documented in several ways: a brief reporting form (the "Professionalism Report Form") that can be completed by individuals within the community (e.g.,

staff, faculty, residents, students); through an OASIS evaluation for clinical rotations in which questions regarding professionalism note an issue; or through another evaluation that indicates unprofessional behavior (e.g., Doctoring evaluation by a community mentor).

First reports of unprofessional behavior are submitted to the student's advisor with a copy to the Assistant Dean for Student Affairs. Anonymous reports will not be accepted. If the person making the report is a medical student, the student may request that their name be kept confidential. Single reports of unprofessional conduct will be dealt with on a case-by-case basis at the advisor's discretion, with the main intent of providing formative feedback. Per the processes outlined on the Professionalism Report Form, the student will meet with their advisor and both will sign the form indicating that they have discussed the behavior in question and any plans for remediation of the behavior. The signed report will be placed in the student's Electronic Medical Student Record (EMSR), which is an internal system that does not report out to external individuals or programs. Any behavior that rises to the level of a violation of the Academic Code will automatically be dealt with via the University processes.

Two or more reports of unprofessional behavior will be considered a pattern and will be brought to the attention of the Assistant Dean for Student Affairs and to the MCASP. The student in question will be alerted when their behavior is discussed at the MCASP, and may be asked to meet with the Assistant Dean prior to that MCASP meeting. The Assistant Dean will communicate any relevant MCASP actions to the student.

The MCASP will determine if the pattern of behavior warrants a "Professionalism Warning." A Warning will take the form of a letter to the student (1) expressing concern regarding the pattern of behavior and (2) asking the student to respond to the Committee by writing a brief reflection on the behavior in question, including a concrete plan for remediating the issue. The student's advisor or the Assistant Dean for Student Affairs will act as a resource for the student in writing an appropriate response and outlining a plan.

The Warning will indicate that if the student's response is not received within an appropriate time frame (as determined by the MCASP and the Office of Student Affairs), and/or the remediation plan is not enacted within an appropriate time frame (as determined by the MCASP and the Office of Student Affairs), the student may receive an official "Professionalism Citation" that, per AAMC guidelines, will be included as part of the student's Medical Student Performance Evaluation (MSPE).

In certain circumstances, when the behavior in question is considered egregious in nature, either the MCASP or the Assistant Dean for Student Affairs, in discussion with the Associate Dean for Medical Education, may decide to bypass the Warning stage and issue a Professionalism Citation. Per AAMC guidelines, the Citation will be included as part of the student's MSPE.

If a student who has received a Professionalism Warning receives an additional Professionalism Report, that student will be considered by the MCASP for a Professionalism Citation that per AAMC guidelines will be included as part of the student's MSPE.

If a behavior is particularly egregious, or if a student has received a Professionalism Citation and subsequently has another instance of unprofessional behavior, the student will be considered by the MCASP for dismissal.

Appeal of Decision to Dismiss

The student may initiate an appeal of an MCASP decision to dismiss by filing a letter, within 72 hours of notification of the Committee's decision, to the Dean of Medicine and Biological Sciences, requesting reconsideration of the decision. Note: MCASP decisions to place students on academic warning or academic probation may not be appealed. The letter should include a statement of the basis for the request and any documents in support of the student's request. The Dean may either (1) reconsider the matter, (2) direct the matter to the MCASP for reconsideration and issuance of a second recommendation to the Dean, or (3) sustain the decision of the MCASP. If the matter is referred back to the MCASP, the MCASP will review the appeal and transmit its recommendations to the Dean. The Dean will, either through reconsideration or through reconsideration and recommendation by the MCASP, review the appeal in a manner they determine is appropriate under the circumstances, and may, at their discretion, interview the student. Upon appeal, the Dean may then sustain, modify, or reverse the original MCASP decision. The decision of the Dean is final.

Special Considerations Relating to the MD/PhD Dual Degree Program

The MD/PhD Program is a combined course of study in which the student generally completes Years 1 and 2 of medical school prior to entry into a graduate program. Following the student's graduate work, the student reenters the medical program to complete Years 3 and 4 of medical school. There are several policies that pertain to this course of study.

- Students must be in good academic standing at the time of completion of MD Year 2. If not, they will not be permitted to continue on to the graduate school portion of the program. A student may appeal the implementation of this policy. Such an appeal will be considered by the MCASP.
- Students must complete all of their graduate school work prior to their return to the medical program. They must have a plan in place to complete this work and a thesis defense date approved by their PhD advisory committee prior to scheduling clerkships.
- Whereas MD students are expected to complete their medical course of study in 6 years, MD/PhD students are expected to complete the combined course of study in 9 years. Any extension beyond the 9 years requires that a waiver of this limit be granted by the MCASP.

Section VI: Medical Student Standards of Behavior

Medical students acquire skills and knowledge not only for their own benefit but also for the benefit of another party – their patients. The duty to act in the best interest of the patient is the fundamental ethical principle of the medical profession. This duty dictates certain standards of professional behavior

for medical students (and physicians) which include, but are not limited to, the following:

Honesty. Cheating on examinations, falsifying applications or data on medical records, cutting and pasting of another person's notes into a patient chart, and other forms of intellectual dishonesty are wrong not only because such behavior violates intrinsic academic integrity, but also because such behavior may be deleterious to patients.

Professionalism. As future physicians responsible for the well-being of patients, medical students are held to very high standards of professional behavior. The professional behavior expected of medical students includes, but is not limited to, fulfilling all academic and extra-curricular commitments, responding to communications from AMS faculty and staff in a timely manner, notifying the appropriate personnel about anticipated absences within a reasonable time frame, complying with immunization and other training requirements, adhering to clinical schedules in a punctual and responsible manner, using appropriate and constructive language in verbal and written communications and evaluations of courses, clerkships, and faculty presenters, and treating all community members (fellow students, staff, faculty, and patients) with respect. For more information, please see Section V of the AMS Student Handbook, section on Professionalism.

Health. Specific illnesses that impair performance include, but are not limited to, active drug and/or alcohol addiction, severe depression and other psychiatric illnesses and, occasionally, physical illnesses. It is not permissible for students to interact with patients while impaired by these conditions. It is the policy of the medical school to encourage recognition of illness which leads to impairment in medical students and to support treatment so that those students may continue their education successfully and without stigma. The medical school considers students' insight into their own health, and willingness to seek help for any existing conditions, to be an element of professionalism.

Boundary violations with patients. It is never appropriate to have a sexual relationship with a current patient. Knowledge acquired during the doctor-patient relationship should never be used for any purpose other than therapeutic. A romantic relationship based on this information is always inappropriate. Relationships with other students, staff and faculty are not addressed in this policy, but are addressed by University policies.

Criminal activities. These include, but are not limited to, selling or dealing drugs, driving while under the influence of alcohol or drugs, child abuse, violence against others, possession of child pornography and sexual activities resulting in legal designation as a registered sex offender. Such behavior is incompatible with medical professionalism.

Dress code. Medical students and physicians are expected to dress in ways consistent with the expectations of the medical profession, particularly when working in clinical settings. During Years 1 and 2, these standards will be communicated to students by the Doctoring faculty or staff; during Years 3 and 4, students are expected to abide by the policies of the hospitals and practices in which they are working.

Social networking and use of social media. The medical school strongly advises students to exercise caution when using social networking tools such as Facebook, Twitter, Tumblr, You Tube, Instagram, websites, and blogs. These tools, while useful for interaction around social causes or political movements, can create professional and ethical dilemmas regarding relationships with patients, patient confidentiality and patient trust in care providers. Additionally, they contribute to a blurring of the line between professional contexts, in which you represent Brown and the medical profession generally, and other more personal interactions. AMS students must be cognizant of the “social contract” between physicians and the public that holds medical professionals to high standards of behavior.

Specifically, students are prohibited from sharing personal expressions, in the form of text, photos, images or video, that:

- Violate patient confidentiality
- Violate the doctor-patient relationship
- Depict illegal activities
- Depict activities that are not congruent with the professional standards expected of medical students and physicians

Students are strongly discouraged from sharing personal expressions in the form of text, photos, images or videos that could impair a student’s ability to form a therapeutic relationship with patients or to have a professional relationship with medical colleagues and supervisors. In short, the administration of AMS expects students, like physicians, to maintain a high level of professionalism in their non-medical public life.

Reporting Violations

There is an ethical imperative to report medical students and physicians who are in violation of these standards. Reports about students may be made using the professionalism reporting form or evaluations as part of the process described in Section V, or directly to the Assistant Dean for Student Affairs and/or the Associate Dean for Medical Education. Anonymous reports will not be accepted but the anonymity of the reporter will be guaranteed. There will be no adverse consequences to the reporter for reports submitted in good faith, whether or not the suspicions are validated.

Concerns about faculty or other physicians, as appropriate, can be directed to preceptors, course or clerkship directors, the Assistant Dean for Student Affairs and/or Associate Dean for Medical Education, or the Physician Health Committee of the Rhode Island Medical Society. If the behavior of a physician has resulted in an improper interaction with a medical student, a mistreatment form (see Section VII on the Learning Environment) may be filled out at the discretion of the medical student, and the report will be handled by the Executive Committee of the Committee on the Learning Environment (COLE).

In cases where medical students have violated the above standards of behavior, the Medical Committee on Academic Standing and Professionalism (MCASP) will review pertinent information and follow the processes described in Section V to determine an appropriate course of action. The MCASP and the

Associate Dean for Medical Education have the authority to place a student on a leave of absence when the student's behavior raises questions as to whether or not the student should be in contact with patients. If the MCASP renders such a decision, the student may appeal the decision to the Dean of Medicine and Biological Sciences using the procedure described in Section V of the AMS Student Handbook.

The Academic Code

Alpert Medical Students are expected to adhere to Brown University's Academic Code, which may be found [here](#). Under usual circumstances, these policies will be applied to medical students. In some cases (e.g., parental notification), policies intended for undergraduate students may not be appropriate for medical students.

If it is determined by the Standing Committee on the Academic Code at Brown University that a medical student is in violation of the academic code, additional sanctions may be assessed by the MCASP. The hearing materials before the Standing Committee will be forwarded to the MCASP for consideration. The Chair of the Standing Committee shall participate as a non-voting member of the MCASP. The MCASP shall afford the student the opportunity to appear before the MCASP in order to speak and respond to questioning. The MCASP may also invite other individuals to appear for the purpose of providing information to the Committee. The student may be accompanied by a Brown University faculty member, staff advisor, or other advocate, but may not be accompanied by an attorney. The student will be informed of any sanctions enacted by the MCASP in a letter from the MCASP. The student will be informed in the letter that he or she has the right to appeal any decisions to the Dean of Medicine and Biological Sciences.

Further guidelines can be found in the [Academic Code Handbook](#). The Medical School will work with the University to determine due process.

Students, faculty, and staff at AMS also adhere to the [Principles of the Brown University Community](#) as well as to the [Principles of the Learning Environment at the Warren Alpert Medical School of Brown University](#) (see also Section VII).

Appendix A: Technical Standards for Medical School Admission, Continuation, and Graduation

Applicants to The Warren Alpert Medical School of Brown University are selected on the basis of their academic, personal, and extracurricular attributes. In addition, all students must possess the intellectual, physical and emotional capabilities necessary to undertake the full curriculum and to achieve the levels of competence required by the faculty.

The required abilities and characteristics for completion of the MD degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. In addition, students must demonstrate the ability to work as a member of a health care team. Medical education focuses largely on the care of patients, and differs markedly from postsecondary education in fields outside of the health sciences.

Technological accommodation is available to assist in certain cases of disability and may be permitted in certain areas. However, under all circumstances, a candidate for the MD degree should be able to perform in a reasonably independent manner. For example, the use of a third party means that a candidate's judgment must be mediated by another person's (the third party) powers of selection and observation. Therefore the use of a third party to assist a candidate or student in meeting the technical standards for admission, promotion or graduation is not permitted.

An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards, or poses an undue administrative or financial burden.

The following abilities and characteristics are defined as technical standards, which, in conjunction with academic standards established by the faculty, are requirements for admission, promotion, and graduation.

Technical Standards for Medical School Admission

A candidate for the MD degree must have abilities and skills in five varieties, including observation; communication; motor; conceptual, integrative, and quantitative; and behavioral and social.

1. **Observation:** The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to the observation of radiologic images, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.
2. **Communication:** A candidate should be able to speak, to hear, and to observe patients in order to

elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

3. Motor: Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should possess the abilities necessary to perform basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (digital rectal exam, paracentesis, etc.), and read EKGs and x-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.
4. Intellectual-Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, *the* critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.
5. Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admissions and education processes.

¹ Recommendations of the AAMC Special Advisory Panel on Technical Standards for Medical School Admission, approved by the AAMC Executive Council on January 18, 1979

6/1/2016

Appendix B: Educational Objectives and Guidelines for Approving a Sub-internship

The general purpose of a sub-internship is to immerse the student in a simulation of the experiences

of a first-year resident, thereby promoting the development of clinical skills, organizational abilities, and the capacity to work as part of a medical care team, and learn an approach to integrating the demands of residency with the students of a first-year resident, thereby promoting the transition to postgraduate training.

A sub-internship should also provide the student with an opportunity to:

- Enhance the communication skills so critical to medical care, including direct communication with patients and families, documentation skills, verbal and written communication with other physicians including sign out/patient handoffs, communication with non-physician team members, and participation in discharge planning.
- Advance his or her knowledge of disorders that are common in his or her chosen specialty.
- Further develop patient management skills, including the ability to perform routine but important procedures.
- Enhance the skills associated with life-long learning and the practice of evidence-based medicine (e.g., reading and interpreting the medical literature, medical informatics).

To achieve the above educational goals, a sub-internship should have the following characteristics:

- If done at a Brown-affiliated hospital, it should be supervised by a Brown faculty member based in a clinical department of the Alpert Medical School. This faculty member will take responsibility for evaluating students in the sub-internship and for evaluation of the sub-internship itself. While this individual need not be the person responsible for the clinical service in which the sub-intern participates, the sponsor should meet with the sub-intern on a regular basis (minimum weekly) during the rotation.
- For sub-internships done away, there must be a designated faculty member who assumes responsibility for evaluating the student.
- The student's role should be defined in such a way that he or she fulfills the role of a first year trainee in the specialty. That is, patients assigned to the sub-intern should not also be assigned to a first year trainee in the specialty. Furthermore, sub-internship experiences should be confined to rotations in which first year trainees in the specialty participate.
- The student should be expected to assume the on-call responsibilities of a first year trainee in the specialty.
- The educational goals and plan for the sub-internship should fulfill the requirements for certification of a minimum of 3 competencies, as defined by the *Nine Abilities*, at an advanced level.

Additional requirements for a sub-internship include the following:

- The related core clerkship(s) must be successfully completed prior to the sub-internship.
- Students must be assigned for a period of 4-weeks to inpatient clinical services.
- The sub-internship must be an inpatient experience at a Brown-affiliated institution or at an institution affiliated with an accredited U.S. or Canadian Medical School. In the case of away sub-internships, the rotation must fulfill the sub-internship requirement at our institution.
- A new sub-internship must be considered and approved by the Medical Curriculum Committee prior to enrollment of any students. Away sub-internships will be considered on a case-by-case basis and approved if they are in accordance with the completed away sub-internship checklist.

Appendix C: Directory of Referenced AMS Staff

Administrative Coordinator, Office of Med Education: Lisa Blangeard

Assistant Dean for Student Affairs: Jordan White, MD, MPH

Assistant Director of the Doctoring Program: Julia Noguchi, MA, MPH

Assistant Director for PCM: Jordan White, MD, MPH

Assistant Director of Assessment and Evaluation: Kristina Monteiro, PhD

Associate Dean for Diversity and Multicultural Affairs: Joseph Diaz, MD, MPH, FACP

Associate Dean for Academic Affairs: Michelle Cyr, MD

Associate Dean for Medical Education: Allan Tunkel, MD, PhD, MACP

Course Director for PCM: Alison Riese, MD

Dean of Medicine and Biological Sciences: Jack Elias, MD

Deputy Title IX Program Coordinator for the Alpert Medical School: Lindsay Orchowski

Director of Career Development: Alex Morang

Director of the Year 1 Curriculum: Luba Dumenco, MD

Director of the Year 2 Curriculum: Sarita Warriar, MD, FACP

Director of the Years 3 and 4 Curriculum: Paul George, MD, MHPE

Director of Financial Aid: Linda Gillette

Director of Academic Records: Eileen Palenchar, M.Ed.